



# State of New Hampshire

## 2016 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/16/2016  
Business ID: 211281  
William M. Gardner  
Secretary of State

SEACOAST CROSSROADS REALTY COMPANY, LLC.

One Liberty Lane  
Hampton, NH 03842

ENTITY TYPE:	LLC
BUSINESS ID:	211281
STATE OF DOMICILE:	NEW HAMPSHIRE
OWN AND OPERATE REAL ESTATE	

1	<b>ADDRESS OF PRINCIPAL OFFICE:</b> 1 Liberty Ln Hampton, NH 03842
	<b>REGISTERED AGENT AND OFFICE:</b> Burke, Steven M, Esq 900 Elm Street Manchester, NH 03101

2	<p>If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.</p> <p><input type="checkbox"/> The new mailing address _____</p> <p><input type="checkbox"/> The new principal office address _____</p> <p>PO Box is acceptable.</p>
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3	<b>MANAGERS</b> NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u> NAME <u>Joseph R. Valle</u> STREET <u>One Liberty Lane</u> CITY/STATE/ZIP <u>Hampton, NH 03842</u> NAME _____ STREET _____ CITY/STATE/ZIP _____ NAME _____ STREET _____ CITY/STATE/ZIP _____ NAME _____ STREET _____ CITY/STATE/ZIP _____	<b>MEMBERS</b> NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u> NAME _____ STREET _____ CITY/STATE/ZIP _____ NAME _____ STREET _____ CITY/STATE/ZIP _____ NAME _____ STREET _____ CITY/STATE/ZIP _____ NAME _____ STREET _____ CITY/STATE/ZIP _____
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED		

4	<p>To be signed by the manager, if no manager, must be signed by a member.</p> <p>I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.</p> <p>Sign here: <u></u></p> <p>Please print name and title of signer: <u>Joseph R. Valle</u> / <u>Manager</u></p> <p>NAME TITLE</p>
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FEE DUE: \$100.00	E-MAIL ADDRESS (OPTIONAL): _____
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State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM IS  
PUBLIC DOCUMENT  
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ILL BECOME A  
C DISCLOSURE  
WILL BE REJECTED

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New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301